



Malimbika (Near by Malimbika Catholic Church),

Somangila- Kigamboni, Dar es Salaam

+255 784 445910/ 749 855855

### ADMISSION FORM

#### STUDENTS' INFORMATION

Surname: .....

photo

Other Names: ..... Tribe: .....

Sex: Male/ Female ..... Date of Birth: ...../...../.....

#### CLASS APPLIED FOR:

PRE SCHOOL:

Baby Class

Middle Class

Top Class

PRIMARY SCHOOL:

STD ONE

STD TWO

STD FOUR

STD THREE

#### FAMILY INFORMATION

##### Parental situation:

Both parents are all there

Both parents are all died

Only mother is dead

Only father is dead

Present physical address: Street: ..... Ward..... District .....

Father's/ Guardian's Name(s): ..... (three names)

Occupation: ..... Email address: .....

Tel No: (1) ..... Tel No.(2) .....

Mother's/ Guardian's Name(s): ..... (three names)

Occupation: ..... Email address: .....

Tel No: (1)..... Tel No.(2) .....

Email address: .....

#### Student Health Insurance

The student has a valid Health Insurance card? YES  Mention a health insurance scheme  
(NHIF, Strategy, Jubilee etc .....

NO

#### EMERGENCY CONTACT (In case of emergency including health issues)

In hereby authorize the staff member of Penuel Elite School to administer first aid to my child when appropriate. I understand that every effort will be made to contact me in case.

Signature of parent/ guardian: ..... Date: ...../...../.....

I understand that in case I won't use the school Van to pick my child from school, I will authorize any person to pick my child by giving him/her a "Student Pick Up Card" provided by the school.

#### ALLERGIES/ SENSITIVITIES

Does your child have any kind of allergy? Yes

No

If Yes, Which one?.....

How can the school help in case of allergies together with contacting you?

#### NOTE: PLEASE REMEMBER TO ATTACH:

1. copy of birth certificate of a child.
2. copy of NIDA (one parent)